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CHARITY HOSPITAL, BLACKWELL'S ISLAND
N.Y.

SECOND
ANNUAL COMMENCEMENT

OF THE

Training School for Nurses,

AT

CHARITY HOSPITAL,

BLACKWELL'S ISLAND,

UNDER THE ADMINISTRATION

OF THE

Department of Public Charities and Correction,

SEPTEMBER 12th, 1878.

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1878.

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INTRODUCTION.

At the time of the occurrence of the first Annual Commencement of the Charity Hospital Training School for Nurses one year ago, the perceptible results achieved were such only as had been manifested by the introduction of the pupils into the wards of the Hospital, to which reference was made at some length in the published report of that commencement. It is gratifying to be able to record in this, the second, report of the school that the success of its graduates for the past year has been no less satisfactory than it was during the two years in which they were pupils in the school. Nearly all who have sought nursing in private families have been constantly employed at remunerative wages. So far as can be learned they have been well received, and complaints on the part of either physicians or patients employing them have been almost unknown.

Many of the graduates have entered public institutions either as matron, nurse or attendant. As showing in some degree the estimation in which these are held I quote from the last annual report of the Superintendent of the Lunatic Asylum on this Island:—

“We have been fortunate in securing the services of some of the graduates of the Training School for Nurses at Charity Hospital, and they have proved by their efficiency that they are the class of nurses desired.”

Since the date of the last commencement 28 graduates have completed their term of service, and diplomas were granted to them at the commencement this year.

The anniversary exercises were held on the 12th of September, in the same room of the Hospital building as were those of last

year. The hall was tastefully decorated with evergreens and flowers, the latter having been kindly supplied by Mrs. C. P. Hall and the ladies of the various charitable societies that visit our institution. Ex-Mayor Wickham presided. There were also upon the platform Commissioners Bailey and Brennan, (Mr. Cox, President of the Board, having been prevented by illness from attending), Rev. Dr. Tyng and several prominent physicians. The exercises were opened by prayer by the Rev. Dr. Tyng, followed by an address by the presiding officer. The exercises were interspersed with music. Essays were read by the following graduates:

Miss Mary Cooney, on the Duties of a Nurse.

Miss Louise Henning, on Nursing in Diseases of the Eye.

Mrs. Elizabeth Rielly, on the Care of the Insane.

Mrs. Mary E. Hunt, Valedictory.

These were followed by addresses by Rev. Dr. Tyng and Commissioner Bailey, at the conclusion of which diplomas were presented by Dr. Montrose A. Pallen, to the following ladies:

MARY E. BAKER,

MARY COSTELLO,

SARAH COSTELLO,

MATILDA S. CRONIN,

JULIA DE COURCEY,

MARY DOWLING,

MAGGIE DOWLING,

MARY COONEY,

LEONORA VAUGHAN,

LILLIE DUGGAN,

MARY WILLIAMS,

MARY MURRAY,

ELIZABETH REILLY,

ABBIE SULLIVAN,

CHRISTINA WALSH,

ABIGAIL BIRGE,

ANNA McLAREN,

LOUISSE HENNING,

EMMA J. OLIN.

JENNIE B. ANDREWS,

EMMA WILSON,

EDITH HAYLARD,

SARAH L. ROBINSON,

MARY E. HUNT,

MARY PALMER,

MARY McNEILIS,

MARY HORAN,

LIZZIE G. COONEY,

Several of these graduates came from other cities, and have returned to their homes to practice their profession. Of such as are located in this vicinity a list is appended, together with their addresses, and it is hoped that physicians, especially such

as are interested in the success of the School, may be induced to offer them at least a share of their patronage.

Mrs. JENNIE B. ANDREWS, 908 6th Avenue,
Mrs. ABIGAIL BIRGE, 244 Madison Avenue,
Mrs. FANNY M. CLAPP, 119 West 41st Street,
Miss JOSIE C. DREW, 314 East 15th Street,
Miss ROSE MARVELL, 27 North Washington Square,
Mrs. MARY PALMER, 908 6th Avenue,
Miss EMMA WILSON, 908 6th Avenue,
Miss M. S. RIGGS, 104 Court Street, Newark, N. J.,
Miss EMMA J. RIGGS, 104 Court Street, Newark, N. J.,
Mrs. FANNY PRIAN, 34 Grand Street, Jersey City, N. J.

THE DUTIES AND QUALIFICATIONS OF A NURSE.

BY MARY COONEY.

The duties of a nurse is a subject replete with material interest, not only to the afflicted and suffering patient, but to the physician in attendance.

Some think that nursing is intuitive in every woman, but this is a great mistake, as the patient's death has not seldom been hastened through the management of a well-meaning but ignorant nurse. It is therefore of the greatest importance, and necessary to the conscientious discharge of her duties, that aside from having the natural qualifications needed, she should have received a thorough training, as the young and vigorous, as well as the aged and infirm, are liable to be laid upon the bed of sickness by an epidemic or imprudent exposure or accident, it is therefore necessary that the nurse may know how she can render service in a proper and efficient manner,

No woman should consider her education complete who is not acquainted with the principles of the duties of a nurse. Prominent among these is proper preparation and administration of food, and the regulation of the ventilation and temperature of the sick room, and above all, it is the duty of a nurse to know how to make the simplest preparation, adapted to a low diet, in the most wholesome and the most palatable way. Water gruel, which is the simplest of all preparations, is frequently so ill made as to cause the patient to loathe it. Always prepare the food for the sick in the neatest and most careful manner.

When the physician enjoins abstinence from food, the nurse should strictly obey the injunction. She should be as particular to the physician's directions about diet as in knowing how and

when to give the prescribed medicines, and obey them as implicitly. When a patient is convalescing the desire for food is generally strong, and it often requires firmness and patience, together with great care on the part of the nurse, that the food is prepared suitably, and given at proper times. The physicians should direct how frequently it should be taken. Not less important to the welfare of the sick is a supply of pure air, properly admitted to the room. It is the duty of a nurse to see that not only the room is well ventilated in the morning, but that fresh air is constantly coming in during the day. Great care must be taken, however, that the patient does not feel the current. Bed linen, as well as that of the body, should be aired every day, and oftener changed in sickness than in health; all clothing when changed should be well dried and warmed previous to being put on the patient or bed. The temperature of the chamber should be carefully watched by the nurse. The feelings of the patient or nurse, however, are not to be relied upon. There should be a well-adjusted thermometer in every sick-room, and it should be frequently consulted by the nurse. The temperature of the sick-room should be moderate. If it is so cold as to cause a chill, the disease will be aggravated; if, on the other hand, it is too warm, the patient is enfeebled and rendered more susceptible to cold, on leaving the sick-room. The room of the patient should be kept free from noise. The nurse should be guided by this rule, that no more persons remain in the room of the sick than the welfare of the patient demands. It is the duty of the physician to direct when visitors can be admitted or excluded from the sick-room, and the nurse should see that these directions are enforced. The movements of the nurse should be gentle and noiseless. Shutting doors violently, creaking shoes, and all unnecessary noise should be avoided. Most persons refrain from loud talking in the sick-room, but are not equally careful to abstain from whispering, which is often more trying than a common tone. The deportment of the nurse should be calm, and her remarks encouraging. No doubts or fears of the patient's recovery either by word or look should be communi-

cated by the nurse in the chamber of the sick. The nurse should eat her food regularly, sleep at regular periods, and take exercise daily in the open air. There is but little danger of contracting disease if she attends to the simple laws of health. The sick should be thoroughly bathed at least twice in twenty-four hours. When the patient is feeble use tepid or warm water, cold water should only be used when the system has vigor enough to produce reaction on the skin, this is shown by the increased redness of the skin, and a feeling of warmth and comfort. The best time for bathing is when the patient feels most vigorous and freest from exhaustion. The practice of rubbing the hands and face with a towel dipped in bay-rum, camphor and vinegar, does not remove impurities, but causes the skin soon to feel dry and uncomfortable. The nurse, before commencing to bathe the patient, should provide herself with water, towels, sponge, a piece of soft flannel and a sheet, and also notice the temperature of the room. The sick-room should be kept very clean and in perfect order. When a sick person sees everything neat and in its proper place, a feeling of comfort is induced, which aids in the recovery of the health, while filth and disorder are objects of annoyance, and tend to depress the nervous system.

THE EYE.

BY LOUISSE HENNING.

I have made the eye and its care when diseased the subject of my essay, because it is one of great interest to me. The wards assigned to this class of diseases, which to the visitor or even to the inexperienced nurse are gloomy, dismal, and uninviting, are to the person anxious to learn and willing to be taught the mechanism of this most wonderful of all the special senses, full of light and enjoyment, although the shades are drawn and the inmates grope about with sorrowful faces.

As a rule this branch of nursing is taken up by nurses with hesitation, but those who are earnest and conscientious usually leave it with even greater reluctance, as day by day new facts concerning this delicate organ are added to their knowledge.

While it hardly comes within the province of this short paper to speak of anything except the work and duties of the nurse in this special department, a short reference to the anatomy of the eye may not be out of place, since it is a matter with which even nurses should be more or less familiar.

As a rule nurses pay too little attention to the structure of those parts of the body they are to care for and their peculiar work in the human economy. They are too often satisfied, if, for example, they can drop medicine dexterously into the eye, and have no curiosity as to the desired effect of the remedy, its composition, and upon what part it is to produce its action.

The prominent points in the anatomy of the eye from before, backwards, are first the conjunctiva, a thin membrane surrounding the clear portion or cornea, a convex transparent substance not unlike the crystal of a watch.

Behind this is the iris from which the eye derives its color. The circular hole in the centre of this forms the pupil, through

which light is admitted to the interior of the eye. Just behind the pupil is the crystalline lens, whose office is to converge the rays of light to a proper focus. There are also two fluids in the eye, one, the aqueous humour as it is sometimes called, in front, and the other, the vitreous body occupying the greater part of the globe. The internal structures are surrounded and held in place by a coat known as the sclerotic.

Disease of the conjunctiva is frequent and of special interest to the nurse, as she will be called upon to care for patients with this variety of trouble perhaps more often than any other. In the wards of this Hospital cases of inflammation of this membrane are well represented, because it is so easily excited by foreign bodies of all kinds flying in the air.

In caring for disease of the conjunctiva the nurse must understand how to turn the lids without producing more mischief than she seeks to repair, to apply drops and lotions, and above all things she must appreciate the importance of keeping the eye scrupulously clean. The secretions from the eye are best removed by a camel hair brush dipped in water, and drops are best applied by means of a glass tube known as a medicine dropper, taking care in both these processes not to touch the cornea. The brush must be kept always clean, and used only for one person.

Inflammations of the cornea and of the iris are perhaps the next in frequency to that of the conjunctiva, and the nurse in their treatment will need to understand the application of leeches, which are often ordered, the management of compresses, and the proper application of bandages.

Compresses usually consist of circular pieces of soft linen laid upon the eye wet with either hot or cold water as may be directed. Bandaging can only be learned by experience, but a proper understanding of this will be of the utmost importance.

In the disease of the crystalline lens or cataract, the work of the nurse commences upon its removal, and it is in these cases that the skill, judgment, and promptness of the well trained nurse is most appreciated, and it is often to these qualities that the patient is indebted for his restored sight.

In the care of all diseases of the eye the proper regulation of the light and air of the apartment is of the utmost importance. Care must be taken that the light admitted be always diffuse ; that is, that there are no bright rays from small apertures, which are, if possible, more painful and injurious than the broad glare of day. At night the gas or lamp must be carefully shaded, so that the patient cannot gaze directly at the flame. Drafts must be carefully avoided, as a current of air striking an inflamed eye for a few moments may undo the work of weeks.

The nurse must also appreciate the great importance of cleanliness, she must be neat and tidy to a fault. Want of care, which might be pardonable in other diseases, may here cost the patient his entire sight. Certainly none of us wish to have our lives shadowed with the thought that by our carelessness we shut the sight of the beautiful world from any poor creature, however humble.

I have thus briefly endeavoured to indicate a few points in which our training consists. With the opportunities for practice which this large Hospital affords, it is hoped that its graduates may be able to cause many poor sufferers to bless the organization of the "Training School."

THE CARE OF THE INSANE.

BY ELIZABETH REILLY.

In many instances the care of invalids in the full possession of their mental faculties, seems to tax to the utmost the patience, skill, and endurance of the Nurse. How much more arduous then are her duties when caring for those, who not only cannot appreciate her kindly offices, but who oftentimes use the remnant of the reason they possess in thwarting the efforts put forth in their behalf.

In caring for the insane, the Nurse must know not only what is to be done, and how to do it, but she must also know how to carry out the Doctor's orders, oftentimes against the violent opposition of the patient. To successfully care for this class of patients it is necessary that something of the different forms of Insanity be understood by the Nurse, together with the peculiarities of each class of patients.

Among the many faculties which are called into play by this class of patients, *watchfulness* is the most important, and it must be in constant exercise. The devices by which those contemplating suicide seek to accomplish this end must be understood and carefully guarded against.

The greatest care must also be exercised that the patients are not *left alone*, while, at the same time, the fact that they are under observation, should be, so far as possible, concealed from the patient.

Reference to the cause of the patient's insanity should be carefully avoided by the Nurse: as also any subject which tends to increase the excitement or depression of the patient.

The nourishment of this class of patients also requires constant attention on the part of the Nurse. She must not only see that each receives the proper supply of food, but must also assure herself that it is eaten: since those who are

seeking self-destruction will often accept the food offered them, only to secrete it until an opportunity presents itself for throwing it away.

Care is also required that eatables which require cutting, such as bread, meat, &c., must not be eaten rapidly, especially by patients in whom there is more or less paralysis, as suffocation may ensue.

Insane patients must never be allowed to touch medicines, except when administered by the Attendants; and the Nurse must always assure herself that the medicine has been swallowed, as it is liable to be concealed in the mouth, and afterwards ejected.

In regulating the temperature of the rooms of the Insane, it must be borne in mind that those suffering from depression, and in whom physical as well as mental activity is at a low ebb, require a much higher temperature than do those laboring under the excitement of acute mania. The same considerations apply also in regulating the amount of clothing necessary for each patient.

A copious supply of pure air is as requisite for this class of patients as for any other, and its admission should be governed by the same rules.

Means of restraint should not, as a rule, be applied, except by the order of the Physician.

The physical condition of the patient must be a source of frequent investigation on the part of the Nurse.

The clothing and apartments of those in whom a tendency to suicide may be suspected, should be frequently searched for articles by which self-destruction may be accomplished.

As the presence of friends and relatives of Insane persons often tends to produce excitement, those should never be admitted except by consent of the Physician.

The bearing of the Nurse should be at all times firm, and she should be careful not to manifest too much sympathy. Above all things the Nurse must bear in mind that she has to think and reason, not only for herself, but for those under her charge, remembering, that however much of abuse or

opposition she receives, it is but a manifestation of the disease with which she has to deal, and that it must be treated with the kindest consideration, always keeping in mind the Divine command—"Do unto others as you would they should do unto you."

OBSTETRICAL NURSING.

BY MARY PALMER.

It is necessary, in order to care for or nurse puerperal women properly, that the nurse should be acquainted with the diseases, accidents, and disorders that most frequently accompany the puerperal state.

In connection with this subject we shall speak of convalescence, and make some reference to the management of lying-in women.

Let us suppose that the woman previous to labor was strong and healthy, that the labor has been natural and neither accompanied nor followed by any complications, as convulsions, haemorrhage, &c.

No one can observe a woman after a labor of even a few hours' duration without being struck by the change which has taken place.

There is the fatigue caused by muscular exertion, the nervous shock, the sudden alteration of the eye, the diminished or increased sensibility of the brain, and the disturbance of the respiratory and circulatory system.

After an easy labor the shock is moderate, provided the woman be kept from all disturbance and excitement, and that she obtain a few hours' sleep.

The circulatory and respiratory changes which take place are caused partly by the muscular exertion, and in part by the nervous shock. In almost every case during the second stage of labor the pulse increases in frequency, and especially during a pain. Shortly after delivery the pulse falls below the normal standard. It may fall as low as 46. It varies in different women. (60 is good.)

After the lapse of a few hours a reaction takes place, the amount of which is nearly in proportion to the original increase and subsequent diminution. The pulse is again increased at

the time of the lacteal secretion. After which, if the woman does well, it gradually returns to its ordinary rapidity. The frequency of respiration is in accordance with that of the pulse after natural labor.

Immediately after delivery the uterus contracts more or less firmly, and its size becomes reduced to about that of an infant's head. This contraction is essential, as it empties the uterine cavity of any coagula that may have remained there.

The uterus may be held in place by a bandage. Bandages are often shaped, but nothing is better than a bolster cover, which when pinned over the abdomen, serves the purpose admirably.

Another use of the binder in the hands of a skilful nurse, is the preservation of the woman's figure. The binder should be thin enough to allow the uterus to be felt through it. When the matters of detail which are essential to the comfort and safety of the mother have been attended to, she should then be kept for a time in a state of perfect quiet; the room slightly darkened, and very few persons admitted. Little or no talking, and no whispering should be allowed. The nurse bearing a cheerful demeanor.

She should encourage the woman and assure her that all is well. Allusions to any trouble should be carefully avoided, as mental emotion of any kind is apt to retard recovery. The temperature of the room should be regulated by the patient's feelings, admitting as much fresh air as possible.

In a Hospital ward the air should be at all times cool and fresh. Temperature from 60° to 65° . The patient's feelings will indicate the amount of clothing necessary.

Pure air and thorough cleanliness is absolutely essential to recovery.

The floor of a lying-in ward should be sprinkled daily with some disinfectant. The napkins should be made of linen, because it is cooler than other materials, and has a healing tendency. They should be applied warm, and changed at short intervals. The patient should pass her urine at least six hours after delivery if not sooner, and in the horizontal position, as

she cannot sit up without a certain amount of uterine displacement and danger of producing haemorrhage. The woman may have no desire to evacuate her bladder if not reminded of it, and the consequences may be very troublesome if not serious.

The bladder may become paralyzed from over-distension, or inflammation may spread from it to the peritoneum. If there should be any difficulty in evacuating the bladder, a cloth wrung out in warm water and applied to the vulva will very often remove it, or if not we must have recourse to the catheter. But the catheter should never be used by the nurse unless she has had previous instructions. The external parts should be sponged lightly with tepid water several times daily.

AFTER-PAINS.

After-pains are natural. They usually commence soon after labor. The application of the child early to the breast may aggravate them, but it will insure uterine contraction. Firm pressure on the fundus and careful attention to the contraction of the uterus, will moderate them to a great degree. In bad cases they last for three or four days. The application of a warm poultice over the hypogastrium or a soothing injection into the vagina will often secure perfect relief. Opium may be used, but it should never be given unless ordered by the physician.

The state of the bowels after delivery is of importance.

The intestines should be relieved before labor, by an enema, if necessary, so that they may continue quiet for some time after delivery. If there be no discharge spontaneously before the third day, a saline cathartic will be found useful.

The dress worn during labor, if care has been taken, will not require changing before the third day.

The clothing should be changed without uncovering the person, and without raising the head from the pillow. In changing the upper sheet it should be pulled off from below, and the clean one be carried down in its place from above underneath the other clothing, which can be accomplished by plaiting the lower half.

In introducing a clean under sheet, one side of it should be plaited and placed under the patient lying on her left side, when she turns on her back the plaits can then be very readily drawn out.

THE LACTEAL SECRETION.

This commences about the third day. When the glands become large the mother may complain of headache, her temperature may be elevated and the breasts painful. Treatment: Warm fomentations may be employed, or the glands relieved by a breast pump, or by gentle friction with olive or camphorated oil. If the breasts show a tendency to induration, lard and aleohol may be used. The nurse while rubbing the breast should be careful not to bruise the nipple, as this might entail suffering upon the mother.

If the accumulation of milk be neglected, inflammation of the surrounding tissues may lead to abscesses. To relieve the suffering that arises from the weight of the inflamed gland, the breast may be supported by a bandage about eight inches wide, brought round the thorax, strapped over the shoulders from behind forwards, and pinned in front. Do not put the child too frequently to the breast, as it only increases the secretion. It is better to empty both breasts partly than to empty one and leave the other distended.

THE REGULATION OF THE DIET.

In general it is better to avoid animal food till the general disturbance arising from the secretion of milk has subsided, but this will be prescribed by the physician, and his directions should be closely followed out by the nurse, never allowing the patient to indulge too freely.

After the patient has had some sleep she can partake of weak tea and toast. For the first two or three days her diet should be composed of light food, and unstimulating, milk toast, crackers, panada, &c.

When the excitement produced by the secretion of milk has subsided, the diet may be increased by the addition of lamb, mutton, roasted potatoes, chicken soup, oyster broth, buttered

toast, light-boiled eggs, green peas, tomatoes and ripe fruit. After the first week the diet of the lying-in woman should be nutritious, though plain and simple.

In conclusion, I would observe that, in all that concerns the diet, cleanliness, the assumption of the upright position, leaving the bed before the tenth day, or making any exertion, it cannot be too strongly impressed that an excess of caution is an error in the right direction.

POST PARTUM HÆMORRHAGE.

Cases of post partum hæmorrhage are often very alarming, and are frequently fatal, and it is necessary that the nurse should use a great deal of care and judgment during the doctor's absence. The cause of hæmorrhage may be anything which has tended to reduce the vital powers. It is generally owing to the incomplete contraction of the uterus.

The first indication of hæmorrhage is rapid breathing and rapid pulse. The woman will often complain of the light affecting her eyes. When we find the uterus distended and blood flowing from the vulva, the first object we have in view is to promote uterine contraction.

The nurse's duty is to stay by the woman, at the same time sending some person for such articles as she may deem necessary. She should stand on the left side of the woman, placing her right hand over the fundus of the uterus, kneading it gently, applying ice, at the same time administering internally the wine of ergot in dram doses. The woman should be kept in the horizontal position, with her head low, raising the feet of the bed at least one foot from the floor. She can retain this position for a short time. Bandaging of the extremities might be beneficial. The hemorrhage must be met by the application of ice in the vagina and rectum. When the hæmorrhage has been somewhat checked, give stimulants.

SYNCOPE.

Symptoms:—The patient experiences a feeling of faintness, associated with marked pallor. The vision becomes dim. Vomiting frequently occurs. The extremities are cold, and the

surface of the body is bedewed with a cool, clammy perspiration. The pulse is rapid, small or imperceptible. The paleness of the face becomes very marked.

Treatment:—It must be prompt and skilful. When the patient has only a tendency to syncope, it must be combatted by free stimulants. But if she has lost consciousness, place her in the horizontal position. Should the return of consciousness be dilatory, bathe the face and hands with ice-water and alcohol, applying mustard to the soles of the feet, dry heat to the heart, friction to the body generally, and stimulants hypodermically.

VALEDICTORY.

BY MARY E. HUNT.

For the second time in the history of the Charity Training School, a class stands ready to bid each other a kind farewell. But, while our parting is a sad one, it still has many pleasures mingled with its regrets. It is an earnest, hopeful farewell; for, with our precepts gained by patient study and clinical observation, what more glorious future to true womanhood than the career we have adopted? The mighty march of civilization of which we hear so much, is perhaps in nothing more apparent than in the present system of caring for the sick, and the Training School for Nurses may, with propriety, be named the latest bud on this tree of evolution, and one which is fast hastening to a perfect flower.

A hundred years ago hospitals were almost unknown. Even the poor lunatic, whose malady, viewed in the light of modern investigation, excites more general compassion than almost any other, was treated with less humanity than the most depraved criminal; chained, starved, beaten and imprisoned, he was often tortured into a stupor that ended in death. The attendants were in many cases malefactors of the worst description, and were oftentimes accompanied by savage dogs. How different now; with true, earnest, experienced women, carrying out the orders of intelligent physicians, while almost unlimited means are provided by a charitable public to secure their comfort or promote recovery.

In taking our departure from this our home for two years past, we have for our encouragement the success of those who left these walls a year ago. Many have succeeded beyond their expectations both as private nurses, and as matrons and nurses in public and private institutions. And as the value of the services of these nurses become more widely known, so does the demand for them increase. And the time is at hand when

the sick and suffering will demand these, and have no other. They will no more risk being cared for by an uneducated nurse than they will employ a quack for a physician.

No nobler example of the work we have undertaken can be pictured than is to-day being illustrated in the heroic actions of our sister nurses in our own Sunny South, grappling with death on every side, and at the imminent peril of their own lives ministering to the wants of others, and striving to stay the terrible scourge which is so rapidly devastating that portion of our beloved country. Surely, the vocation you have chosen could not be nobler: caring for suffering humanity with kindness and gentleness, perfected by an intelligent training, for severe and often most trying duties, and they sweetening the trials of human life. This is truly the female dignity and praise.

The history of our School is too familiar to all to need a rehearsal by me, but its great improvement during the past year, brought about largely by the enforcing of a much more strict regime, and raising the standard of graduation, has robbed it of any objectionable features which it previously possessed, and deserve particular notice.

It is with sadness we bid farewell to those with whom we have passed two pleasant years, for we have met with such kindness both in sickness and in health, that we can say this was truly a home. And in the future years, or months, or days that our lives may be spared, memory will carry us back to those happy associations with a sad, fond pleasure.

Our thanks are due to the Commissioners of Public Charities and Correction for their unfailing kindness and courtesy, and the interest taken by them in our welfare while under their care, and also in the welfare of those who have gone forth. And to the unflagging energy and noble efforts of our Chief of Staff do we owe our standing to-day, ready to go forth to the battle of life; and we carry with us great comfort in the knowledge that he is pleased and satisfied with us, to whom in trials and discouragements he has been as an anchor, staying our little barks with firmness, and such kind and gentle consi-

deration, and guiding us to that knowledge we wished to attain.

We can truly say for her who has been as a mother to us when we came here utter strangers, that we were met and welcomed with such kindness that we felt no longer as strangers in a strange land; and in sickness, (aye, and to some of us the Death Angel has come very nigh,) we fully appreciate that motherly affection, and are truly grateful for the love and sympathy bestowed upon us in many trials and perplexities. Of her who was chosen from among us to fill the arduous and delicate position of Supervisor of such a school, we feel justly proud, for she has proved what a trained nurse can do and is doing for others of her sex: training and encouraging them, and making life pleasanter for all who are under her care.

And now it behooves us as women, who to-day receive their diplomas, to prove worthy of the patient teaching and thorough training we have received in these honored walls. It takes away none of our ability as women, but rather elevates all the duties of our inheritance; enabling us to use with judgment and firmness the care we might otherwise relax, from a mistaken pity or tenderness of heart. Armed with this diploma we go forth with high resolves and a true purpose, rejoicing that this struggle to excel is not alone for earthly fame, tis but the prelude to the time when we shall bear immortal name; and when our busy lives are ended, our last diploma then shall be from the Great Master, "Come to me thou good and faithful one."

